SERFF Tracking #: MDPC-129394715 State Tracking #:

Company Tracking #: 14-RULE-01

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Filing at a Glance

Company: The Medical Protective Company

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

State: Illinois

TOI: 11.0 Medical Malpractice - Claims Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Filing Type: Rate/Rule
Date Submitted: 02/11/2014

SERFF Tr Num: MDPC-129394715

SERFF Status: Closed-Filed

State Tr Num:

State Status: Under Review Co Tr Num: 14-RULE-01

Effective Date 05/01/2014

Requested (New):

Effective Date 05/01/2014

Requested (Renewal):

Author(s): Melissa Millican, Christopher Cole, Kendra Clark

Reviewer(s): Gayle Neuman (primary), Julie Rachford

Disposition Date: 03/03/2014

Disposition Status: Filed

Effective Date (New): 05/01/2014 Effective Date (Renewal): 05/01/2014

State Filing Description:

routed 2/27/14

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

General Information

Project Name: Fellow and Aggregate Rule Filing Status of Filing in Domicile: Pending

Project Number: 14-RULE-01 Domicile Status Comments:
Reference Organization: N/A
Reference Title: N/A
Advisory Org. Circular: N/A

Filing Status Changed: 03/03/2014

State Status Changed: 02/27/2014 Deemer Date:

Created By: Kendra Clark Submitted By: Kendra Clark

Corresponding Filing Tracking Number:

Filing Description:

The Medical Protective Company (the Company) respectfully submits the following rule revisions to the Physicians & Surgeons Occurrence and Claims Made programs.

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com

5814 Reed Road 260-486-0838 [Phone] Fort Wayne, IN 46835 260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company CoCode: 11843 State of Domicile: Indiana

5814 Reed Road Group Code: 31 Company Type:
Fort Wayne, IN 46835 Group Name: State ID Number:

(260) 486-0838 ext. [Phone] FEIN Number: 35-0506406

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State Specific

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Refer to our checklists prior to submitting filing (http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp).: acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABLITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc.:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a - rate/rule filing only

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/03/2014	03/03/2014

Objection Letters and Response Letters

Objection Letters

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	02/21/2014	02/21/2014	Melissa Millican	02/26/2014	02/26/2014
Pending Industry Response	Gayle Neuman	02/21/2014	02/21/2014	Melissa Millican	02/21/2014	02/21/2014
Pending Industry Response	Gayle Neuman	02/13/2014	02/13/2014	Melissa Millican	02/20/2014	02/20/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Review	Reviewer Note	Julie Rachford	03/03/2014	

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Disposition

Disposition Date: 03/03/2014 Effective Date (New): 05/01/2014 Effective Date (Renewal): 05/01/2014

Status: Filed

Comment:

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	Holders Affected	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where reg'd):	(where rea'd):
	Olialigo.	paot.	tino i rogianni	ioi tilio i rogialii.	tillo i rogrami	(11110101040)	(11110101040)1

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Strike Thru's		Yes
Supporting Document	Statistical Agent		Yes
Rate	IL MD OCC Aggregate Credit Rule		Yes
Rate	IL MD SCM Aggregate Credit Rule		Yes
Rate (revised)	IL MD OCC Fellow Rating Rule		Yes
Rate	IL MD OCC Fellow Rating Rule		Yes
Rate (revised)	IL MD SCM Fellow Rating Rule		Yes
Rate	IL MD SCM Fellow Rating Rule		Yes
Rate (revised)	IL State Rate Pages, Section III - Physicians & Surgeons		Yes
Rate	IL State Rate Pages, Section III - Physicians & Surgeons		Yes

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/21/2014
Submitted Date 02/21/2014
Respond By Date 02/28/2014

Dear Melissa Millican,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Your response was: The Fellow Rating Rule would apply to both current and new insureds. Eligibility is simply contingent upon full time participation in a fellowship training program while insured with the Company.

Please confirm that you don't currently have any insureds to which this program applies.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. http://insurance.illinois.gov/RSS/

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me. Sincerely,

Gayle Neuman

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/21/2014
Submitted Date 02/21/2014
Respond By Date 02/28/2014

Dear Melissa Millican,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Does this credit not apply to the current \$20,000,000+ in premium written? Does this credit only apply to new insureds?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. http://insurance.illinois.gov/RSS/

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me. Sincerely,

Gayle Neuman

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/13/2014
Submitted Date 02/13/2014
Respond By Date 02/20/2014

Dear Melissa Millican,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Under the Fellow Rating Rule, it says "coverage may be available". Please explain the criteria for this coverage to be issued. This should be included in the manual pages.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. http://insurance.illinois.gov/RSS/

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/26/2014 Submitted Date 02/26/2014

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

We currently do not write any doctors in Illinois who are participating in a Fellowship program.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you should need anything additional.

Thank you,

Melissa

Sincerely,

Melissa Millican

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/21/2014 Submitted Date 02/21/2014

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

The Fellow Rating Rule would apply to both current and new insureds. Eligibility is simply contingent upon full time participation in a fellowship training program while insured with the Company.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you should need anything additional.

Thank you,

Melissa

Sincerely,

Melissa Millican

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/20/2014
Submitted Date 02/20/2014

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

Please find the modified rule attached for your continued review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	IL MD OCC Fellow Rating Rule	FRR-IL;01/01/12	New		02/20/2014 By: Melissa Millican
Previous Version					
1	IL MD OCC Fellow Rating Rule	FRR-CW;01/01/12	New		02/11/2014 By: Kendra Clark
2	IL MD SCM Fellow Rating Rule	FRR-IL;01/01/12	New		02/20/2014 By: Melissa Millican
Previous Version					
2	IL MD SCM Fellow Rating Rule	FRR-CW;01/01/12	New		02/11/2014 By: Kendra Clark
3	IL State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(76 & 78); 02/01/14	Replacement	MDPC-127945686	02/20/2014 By: Melissa Millican
Previous Version					
3	IL State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(76 & 78); 02/01/14	Replacement	MDPC-127945686	02/11/2014 By: Kendra Clark

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Conclusion:

Please let me know if you should need anything additional.

Thank you,

Melissa

Sincerely,

Melissa Millican

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Reviewer Note

Created By:

Julie Rachford on 03/03/2014 03:05 PM

Last Edited By:

Gayle Neuman

Submitted On:

03/03/2014 03:39 PM

Subject:

Actuarial Review

Comments:

Actuarial review complete.

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Rate Information

Rate data applies to filing.

Filing Method: file and use

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: -1.500%

Effective Date of Last Rate Revision: 08/01/2013

Filing Method of Last Filing: file and use

Company Rate Information

Company	Overall % Indicated	Overall % Rate	Written Premium Change for	Number of Policy Holders Affected	Written Premium for	Maximum % Change	Minimum % Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$20,308,311	0.000%	0.000%

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Rate/Rule Schedule

Item	Schedule Item				Previous State	
No.	Status	Exhibit Name	Rule # or Page #	Rate Action	Filing Number	Attachments
1		IL MD OCC Aggregate Credit Rule	ACR-IL; 02/01/14	Replacement	MDPC-127945686	ACR MD 010112 - OCC.pdf
2		IL MD SCM Aggregate Credit Rule	ACR-IL; 02/01/14	Replacement	MDPC-127945686	ACR MD 010112 - SCM.pdf
3		IL MD OCC Fellow Rating Rule	FRR-IL;01/01/12	New		FRR-IL OCC.pdf
4		IL MD SCM Fellow Rating Rule	FRR-IL;01/01/12	New		FRR-IL SCM.pdf
5		IL State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(76 & 78); 02/01/14	Replacement	MDPC-127945686	Section III State Exception.pdf

Medical Protective Company Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

Edition Date: 02/01/14 ACR-IL

Medical Protective Company Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

AGGREGATE CREDIT RULE

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

Edition Date: 02/01/14 ACR-IL

Medical Protective Company Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

FELLOW RATING RULE

COVERAGE SHALL BE AVAILABLE FOR INSUREDS WHO ARE ACTIVELY PARTICIPATING IN AN APPROVED FELLOWSHIP TRAINING PROGRAM. IN ORDER TO QUALIFY, THE PHYSICIAN MUST PARTICIPATE IN THE FELLOWSHIP PROGRAM ON A FULL TIME BASIS.

A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.

Edition Date: 01/01/12 FRR-IL

Medical Protective Company Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

FELLOW RATING RULE

COVERAGE SHALL BE AVAILABLE FOR INSUREDS WHO ARE ACTIVELY PARTICIPATING IN AN APPROVED FELLOWSHIP TRAINING PROGRAM. IN ORDER TO QUALIFY, THE PHYSICIAN MUST PARTICIPATE IN THE FELLOWSHIP PROGRAM ON A FULL TIME BASIS.

A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.

Edition Date: 01/01/12 FRR-IL

24. **Deferred Premium Payment Plan**

(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. Membership Credit

(Occurrence & Standard Claims Made Programs)

Credit
5%

26. Aggregate Credit Rule

(Occurrence & Standard Claims Made Programs)

Max Available Credit	
60%	

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, Risk Management, New to Company, New to Practice, Membership Association, Fellow Rating Rule or Deductible Credits.

27. **Quarterly Installment Option**

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

• 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

• 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

Edition Date: 02/01/2014 SR-IL-III-76

30. \$1M/\$3M Increased Limits Rating Rule

(Occurrence & Standard Claims Made Programs)

Individual Insureds qualified in the Indiana Patient's Compensation Fund may purchase \$1,000,000/\$3,000,000 Contingent Excess coverage for an additional 15% of the base limit premium.

At the time Individual Contingent Excess Coverage is purchased, the Company may provide, at no additional charge, Corporation/Partnership/Association Contingent Excess Coverage which shall apply to an Insured's Medical Protective Corporation/Partnership/Association policy.

31. **Fellow Rating Rule**

(Occurrence & Standard Claims Made Programs)

Coverage shall be available for insureds who are actively participating in an approved fellowship training program. In order to qualify, the physician must participate in the fellowship program on a full time basis.

A credit of 50% will apply to the insured's applicable manual premium pursuant to the Company's guidelines for acceptance.

No other credits may apply concurrent with this rule except Membership Association, Schedule Rating Modifications, Risk Management and/or New to Company credits.

Edition Date: 02/01/2014 SR-IL-III-78

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Attached
Attachment(s):	FRR Actuarial Memo.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	Attached
Attachment(s):	Form RF-3.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Certification
Comments:	Attached
Attachment(s):	cert.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Request to Maintain Data as Trade Secret Information
Comments:	n/a at this time.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Manual
Comments:	acknowledged
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Strike Thru's
Comments:	Attached
Attachment(s):	Redline IL ACR.pdf Redline Section III State Exception.pdf
Item Status:	

State:	Illinois		Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical I	Malpractice - Claims Made/Occurrence/11.0000 Med	d Mal Sub-TOI Combinations	
Product Name:	Name: Physicians & Surgeons and Comprehensive Coverage for Healthca			
Project Name/Number:	Fellow and A	ggregate Rule Filing/14-RULE-01		
Status Date:				
Satisfied - Item:		Statistical Agent		
Comments:		ISO		
Attachment(s):				
Item Status:				

Company Tracking #:

14-RULE-01

SERFF Tracking #:

Status Date:

MDPC-129394715

State Tracking #:

THE MEDICAL PROTECTIVE COMPANY ILLINOIS

PHYSICIANS & SURGEONS PROGRAM

ACTUARIAL MEMORANDUM

The Medical Protective Company (the Company) respectfully submits the following rule revisions to the Physicians & Surgeons Occurrence and Claims Made programs in the state of Illinois.

Introduce Fellow Rating Rule

The Company wishes to add the Fellow Rating Rule for the Occurrence and Standard Claims Made Programs. The rule provides credit for insureds who are actively participating in an approved fellowship program. There is not a substantive rate impact associated with this change.

Revise Aggregate Credit Rule

The Company wishes to revise the Aggregate Credit Rule for the Stand Alone Occurrence and Standard Claims Made Programs by adding the Fellow Rating Rule to the list of exception credits that do not apply towards the aggregate cap. There is no substantive rate impact associated with this rule.

REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS

Also attached are revised manual pages for Section III of the Company's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons program, and therefore are being included in this submission for manual purposes only.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's pr	emium or rate	level produced	by rate revision
effective 05/01/2014		•	•

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		_
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Medical Malpractice	\$20,308,311	0% - Rule Filing
Line of Insurance		
Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
specify: No No		
Brief description of filing. (If fi	ling follows rates of an ac	dvisory
organization):	Filing a new Fellow Rating Ri	ule and revising the Aggregate Credit Rule.
organization,,		
*Adjusted to reflect all prior ra	te changes.	

The Medical Protective Company

Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

- I, <u>Jim Kunce</u>, a duly authorized officer of <u>The Medical Protective Company</u>, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.
- I, <u>Joel Whitcraft</u>, a duly authorized actuary of <u>The Medical Protective Company</u>, am authorized to certify on behalf of <u>The Medical Protective Company</u> making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

that are the subject of this filing.
OTH SVP 2/7/14
Signature and Title of Authorized Insurance Company Officer Date
Signature, Title and Designation of Authorized Actuary Date Date
Signature, Title and Designation of Authorized Actuary Date
Insurance Company FEIN 35-0506406 Filing Number MDPC 129-594715
Insurer's Address <u>5814 Reed Road</u>
City Fort Wayne State IN Zip Code 46835
Contact Person's: -Name and E-mailMelissa Millican, Paralegal; Melissa.millican@medpro.com
-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

AGGREGATE CREDIT RULE

The application of all approved credits contained in this rating manual shall not exceed 60% for any one insured.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION-, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

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PHYSICIANS AND SURGEONS

STANDARD CLAIMS MADE PROGRAM

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24. Deferred Premium Payment Plan

(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. Membership Credit

(Occurrence & Standard Claims Made Programs)

Credit	
5%	

26. Aggregate Credit Rule

(Occurrence & Standard Claims Made Programs)

Max Available Credit
60%

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, Risk Management, New to Company, New to Practice, Membership Association, Fellow Rating Rule or Deductible Credits.

27. Quarterly Installment Option

(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

• 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

30. \$1M/\$3M Increased Limits Rating Rule

(Occurrence & Standard Claims Made Programs)

Individual Insureds qualified in the Indiana Patient's Compensation Fund may purchase \$1,000,000/\$3,000,000 Contingent Excess coverage for an additional 15% of the base limit premium.

At the time Individual Contingent Excess Coverage is purchased, the Company may provide, at no additional charge, Corporation/Partnership/Association Contingent Excess Coverage which shall apply to an Insured's Medical Protective Corporation/Partnership/Association policy.

31. Fellow Rating Rule

(Occurrence & Standard Claims Made Programs)

Coverage may be available for insureds who are actively participating in an approved fellowship program.

A credit of 50% will apply to the insured's applicable manual premium pursuant to the Company's guidelines for acceptance.

No other credits may apply concurrent with this rule except Membership Association, Schedule Rating Modifications, Risk Management and/or New to Company credits.

Edition Date: 0702/01/20132014

State: Illinois Filing Company: The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: Physicians & Surgeons and Comprehensive Coverage for Healthcare Providers

Project Name/Number: Fellow and Aggregate Rule Filing/14-RULE-01

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

	Schedule Item			Replacement	
Creation Date	Status	Schedule	Schedule Item Name	Creation Date	Attached Document(s)
01/29/2014			IL State Rate Pages, Section III - Physicians & Surgeons	02/20/2014	Section III State Exception.pdf (Superceded)
01/29/2014		Rate	IL MD OCC Fellow Rating Rule	02/20/2014	FRR 010112 occ MD .pdf (Superceded)
01/29/2014		Rate	IL MD SCM Fellow Rating Rule	02/20/2014	FRR 010112 scm MD.pdf (Superceded)

24. Deferred Premium Payment Plan

(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. Membership Credit

(Occurrence & Standard Claims Made Programs)

Credit	
5%	

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Edition Date: 02/01/2014 SR-IL-III-78

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ILLINOIS

PHYSICIANS AND SURGEONS

OCCURRENCE PROGRAM

FELLOW RATING RULE

COVERAGE MAY BE AVAILABLE FOR INSUREDS WHO ARE ACTIVELY PARTICIPATING IN AN APPROVED FELLOWSHIP PROGRAM.

A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.

Edition Date: 01/01/12 FRR-CW

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PHYSICIANS AND SURGEONS STANDARD CLAIMS MADE PROGRAM

FELLOW RATING RULE

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Edition Date: 01/01/12 FRR-CW